

## ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

Ms.

Mr. Artist

yes     no

Elissa Rachel Held

(Last Name Last)

Permanent

Address

Street

City

1727 E 116 place

Tel. (216) 368-0438

44106

Zip

Area Code

Temporary or  
Studio Address

Street

City

1727 E 116 Place Cleveland

Tel. (216) 368-0438

44106

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, which county were you born in? \_\_\_\_\_

Collaborator \_\_\_\_\_

(If Any)

If May Show entries are not accepted or not sold:

Artist will pick up at Museum.

Museum should dispose of.

Museum should ship to artist C.O.D. at this address:

Elissa Rachel Held

### Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 18, 1980.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

Elissa Rachel Held

ENTRY BLANKS

**1**

- |                                       |                                      |   |
|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> 1. Paintings | <input type="checkbox"/> 2. Graphics | <input type="checkbox"/> 3. Photography       |
| <input type="checkbox"/> 4. Sculpture | <input type="checkbox"/> 5. Electric | <input checked="" type="checkbox"/> 6. Crafts |

Materials

Untitled

Title

Price or NFS	Insurance Value if NFS Only	Size
\$450.00		6" X 3 1/2"

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame

ACCEPTED <input checked="" type="checkbox"/>	DO NOT WRITE IN THIS SECTION 21 (T)	ACCEPTED <input checked="" type="checkbox"/>
REJECTED		REJECTED

**2**

- |                                       |                                      |   |
|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> 1. Paintings | <input type="checkbox"/> 2. Graphics | <input type="checkbox"/> 3. Photography |
| <input type="checkbox"/> 4. Sculpture | <input type="checkbox"/> 5. Electric | <input type="checkbox"/> 6. Crafts      |

Materials

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ACCEPTED	DO NOT WRITE IN THIS SECTION	ACCEPTED	RECEIVED
REJECTED		REJECTED	DATE 3/20 AR

DO NOT DETACH

1980 MAY SHOW  
The Cleveland Museum of Art  
Cleveland, Ohio 44106

Eliza Rachel Held

Name

1727 E 116 place

Address

Cleveland, Ohio 44106

City & State

Zip

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The Cleveland Museum of Art  
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